



The Commonwealth of Massachusetts
Alcoholic Beverages Control Commission
239 Causeway Street
Boston, MA 02114
www.mass.gov/abcc

ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 027600001

CITY OR TOWN DEERFIELD

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: HOTEL WARREN INC.

DOING BUSINESS A HOT-L-WARREN

ADDRESS 13 ELM ST.

CITY/TOWN: DEERFIELD

STATE: MA

ZIP CODE: 01373

MANAGER: SHEA, BETSY B.

TYPE OF LICENSE: General on
premise

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

FIRST FLOOR; DINING ROOM, TAP ROOM, BAR, STORAGE IN CELLAR, KITCHEN AND OFFICE, DINING ROOM HAS ONE EXIT, TAP ROOM HAS ONE ENTRANCE. BAR HAS 2 ENTRANCES AND 2 EXITS AND THE STORAGE IS IN CELLAR KITCHEN AND OFFICE HAVE ONE EMPLOYEE EXIT AND ENTRANCE

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 027600003

CITY OR TOWN DEERFIELD

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: WILLIAM D. WOLFRAM

DOING BUSINESS AS WOLFIE'S RESTAURANT

ADDRESS 52 S. MAIN STREET

CITY/TOWN: DEERFIELD

STATE: MA

ZIP CODE: 01373

MANAGER:

TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

DINING ROOM IN FRONT, ONE ENTRY AND EXIT DOOR. BAR LOCATED IN THE REAR WITH ONE ENTRY AND EXIT DOOR ON SOUTH SIDE. OFFICE AND KITCHEN ON NORTH SIDE WITH REAR DELIVERY DOOR

I hereby certify and swear under penalties of perjury that:

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DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 027600005

CITY OR TOWN DEERFIELD

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: GAN H. CHIN

DOING BUSINESS AS THE WOK

ADDRESS 723 GREENFIELD RD

CITY/TOWN: DEERFIELD

STATE: MA

ZIP CODE: 01342

MANAGER:

TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

ONE STORY 2 DINING ROOMS, BAR AND KITCHEN APPROX. 77'X49' LOCATED ON THE WESTERLY SIDE OF ROUTE 5 & 10

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DATE:

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EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

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By:

DATE:

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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 027600006

CITY OR TOWN DEERFIELD

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: POLISH AMERICAN CITIZENS CLUB

DOING BUSINESS AS POLISH AMERICA CITIZENS CLUB

ADDRESS 46 S. MAIN ST.

CITY/TOWN: DEERFIELD

STATE: MA

ZIP CODE: 01373

MANAGER: FYDENKEVEZ,
STEPHEN

TYPE OF LICENSE: Club

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

SINGLE FLOOR, 6 ROOMS with bar, lounge, hall and new addition of outside smoking area

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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 027600009

CITY OR TOWN DEERFIELD

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: HISTORIC DEERFIELD INC.

DOING BUSINESS A DEERFIELD INN

ADDRESS 81 OLD MAIN ST

CITY/TOWN: DEERFIELD

STATE: MA

ZIP CODE: 01342

MANAGER: MARTINELLI,
SUSAN

TYPE OF LICENSE: Innholder

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

1ST FLR; 2 PARLOS, LOUNGE AND DINING ROOMS. 2ND FLR; 11 GUEST ROOMS. SOUTH WING; 6 ROOMS ON EACH FIRST AND SECOND FLRS

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OFF-PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 027600010

CITY OR TOWN DEERFIELD

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: VYASAM INC.

DOING BUSINESS AS CONWAY ROAD NEIGHBORS

ADDRESS 242 CONWAY RD

CITY/TOWN: DEERFIELD

STATE: MA

ZIP CODE: 01373

MANAGER: SHARMA, REENA

TYPE OF LICENSE: Package Store

CATEGORY: Wine and
Malt Regular

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

ONE FLOOR APPROX 1200 SQ FT

I hereby certify and swear under penalties of perjury that:

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LICENSE NUMBER: 027600013

CITY OR TOWN DEERFIELD

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: PHILIP AND LISA SAVAGE

DOING BUSINESS AS SAVAGES MARKET

ADDRESS 470 GREENFIELD RD

CITY/TOWN: DEERFIELD

STATE: MA

ZIP CODE: 01342

MANAGER:

TYPE OF LICENSE: Package Store

CATEGORY: Wine and
Malt Regular

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

ONE FLOOR 500 SQ FT, 430 SQ FT STORAGE AREA

I hereby certify and swear under penalties of perjury that:

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OFF-PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 027600014

CITY OR TOWN DEERFIELD

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: DEERFIELD SPIRIT SHOPPE, INC.

DOING BUSINESS AS

ADDRESS 20 ELM STREET

CITY/TOWN: DEERFIELD

STATE: MA

ZIP CODE: 01373

MANAGER: SCHECHTERLE, STEVEN TYPE OF LICENSE: Package Store CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

ONE ROOM DISPLAY AND SALES ROOM, ONE ROOM INVENTORY STORAGE AREA,
GROUND FLOOR. STORAGE IN CELLAR

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TELEPHONE NUMBER:

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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER: 027600015

CITY OR TOWN DEERFIELD

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: Neil K. Johnson, LLC

DOING BUSINESS A Keg 'n Kork

ADDRESS 729 Greenfield Rd

CITY/TOWN: DEERFIELD

STATE: MA

ZIP CODE: 01342

MANAGER: Johnson, Neil K

TYPE OF LICENSE: Package Store

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

Rts 5 & 10, westerly side of state rd. Entrance facing rts 5 & 10, exit on westerly side. One story two rooms

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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 027600022

CITY OR TOWN DEERFIELD

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: YANKEE CANDLE RESTAURANT CORP.

DOING BUSINESS AS CHANDLER'S TAVERN

ADDRESS 23 GREENFIELD RD

CITY/TOWN: DEERFIELD

STATE: MA

ZIP CODE: 01373

MANAGER: MONETTE,
GREGORY E.

TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

SEE ATTACHMENT IN FILE.

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EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 027600026

CITY OR TOWN DEERFIELD

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: MAGICAL WINGS CORP.

DOING BUSINESS AS BUTTERFLY BLUES

ADDRESS 281 GREENFIELD RD.

CITY/TOWN: DEERFIELD

STATE: MA

ZIP CODE: 01373

MANAGER: MILLER, GEORGE E. TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

EMAIL ADDRESS:

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DESCRIPTION OF LICENSED PREMISES:

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EMPLOYER IDENTIFICATION NUMBER:

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OFF-PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 027600027

CITY OR TOWN DEERFIELD

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: CIRCLE K MASSACHUSETTS, LLC

DOING BUSINESS AS CIRCLE K

ADDRESS 1 GREENFIELD ROAD

CITY/TOWN: DEERFIELD

STATE: MA

ZIP CODE: 01373

MANAGER: VIGUE, MELISSA

TYPE OF LICENSE: Package Store

CATEGORY: Wine and
Malt Regular

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

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OFF-PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 027600028

CITY OR TOWN DEERFIELD

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: SMITA & BHAVIK, INC

DOING BUSINESS AS GARDEN CITY MARKET

ADDRESS 55C NORTH MAIN ST

CITY/TOWN: DEERFIELD

STATE: MA

ZIP CODE: 01373

MANAGER: PATEL, SMITA

TYPE OF LICENSE: Package Store

CATEGORY: Wine and
Malt Regular

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

FIRST FLOOR RETAIL GROCERY WITH 2 ENTRANCES

I hereby certify and swear under penalties of perjury that:

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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 027600029

CITY OR TOWN DEERFIELD

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: MMAAB INC.

DOING BUSINESS AS ALINAS

ADDRESS 6B ELM STREET

CITY/TOWN: DEERFIELD

STATE: MA

ZIP CODE: 01373

MANAGER: BARRAZA,
MARTIN AMAYA

TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

APPROX. 1450 SQ FT WITH SEATING CAPACITY OF 55 PERSONS AND OCCUPANCY OF 85 PERSONS..FRONT AND REAR EXITS

I hereby certify and swear under penalties of perjury that:

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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 027600030

CITY OR TOWN DEERFIELD

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: AFTER WORKS LLC

DOING BUSINESS AS AFTER WORKS

ADDRESS 2A ELM STREET

CITY/TOWN: DEERFIELD

STATE: MA

ZIP CODE: 01373

MANAGER: FABRY, MARK

TYPE OF LICENSE: General on
premise

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

APPROX. 2000 SQ FT SPLIT LEVEL (THREE STEPS TO REAR LEVEL); TWO FRONT AND ONE REAR EXIT

I hereby certify and swear under penalties of perjury that:

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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 027600031

CITY OR TOWN DEERFIELD

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: PRIMO PIZZERIA RESTAURANT INC.

DOING BUSINESS AS PRIMO RESTAURANT & PIZZERIA

ADDRESS 4B SUGARLOAF STREET

CITY/TOWN: DEERFIELD

STATE: MA

ZIP CODE: 01373

MANAGER: SARAVIA,
LORENA

TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

CONSISTS OF A SINGLE FLOOR DINING AREA WITH ENTRANCE/EXIT. ADJACENT DINING BAR/AREA WITH STORAGE AND ENTRANCE/EXIT, RESTROOMS, KITCHEN, AND PREP AREA WITH ACCESS TO BASEMENT AND REAR EMERGENCY EXIT

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TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:
